

NOTE: ALL SHEETS MUST BE REVIEWED

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center

11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2000

PERMIT APPLICATION

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IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE <u>2015022481</u>	
LOCATION OF IMPROVEMENTS Job Address <u>19835 NE 110T</u> Folio <u>30 2205 002 1550</u> Lot _____ Block _____ Subdivision _____ P8pg _____ Metes and bounds _____	CONTRACTOR INFORMATION Contractor No. <u>0001328728</u> Last four (4) digits of Qualifier No. <u>6384</u> Contractor Name <u>VICTORY</u> Qualifier Name <u>Vinayakumar Balakrishnan</u> Address <u>500 NW 25ST</u> City <u>MIAMI</u> State <u>FL</u> Zip <u>33122</u>
TYPE OF IMPROVEMENTS <input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Short Term Event <input type="checkbox"/> New Roof <input type="checkbox"/> Recovery (Roof) <input type="checkbox"/> Permit by Affidavit <input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire <input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only	Current use of property <u>STR</u> Description of Work <u>PERNEW</u> Sq. Ft. <u>1800</u> Units _____ Floors _____ Value of Work <u>\$6,000-</u>
PERMIT TYPE <input checked="" type="checkbox"/> Building* <u>95</u> <input type="checkbox"/> Category _____ <input type="checkbox"/> Electrical _____ <input type="checkbox"/> Mechanical _____ <input type="checkbox"/> Plumbing _____ <input type="checkbox"/> PGX _____ CHANGE TO AN EXISTING PERMIT <input type="checkbox"/> Chg. Contractor <input checked="" type="checkbox"/> Re-Issue <input type="checkbox"/> Extension <input type="checkbox"/> Supplement <input type="checkbox"/> Reinspection <u>Revision</u>	OWNER'S NAME Owner <u>max polycarpe</u> Address <u>19835 NE 110T</u> City <u>MIAMI</u> State <u>FL</u> Zip _____ Phone _____ Last four (4) digits of Owner's Social Security No. _____
PERSON TO PICK UP PLANS Name <u>XRT</u> Address _____ City _____ State _____ Zip _____ Phone <u>786 290 508</u>	4100 INER Name _____ Address _____ City _____ State _____ Zip _____
BONING Name _____ Address _____ City _____ State _____ Zip _____ Phone _____	Barcode: <u>0001151348</u>

*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for **ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, WINDOW, SHUTTERS** and **ROOFING** WORK and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT: I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT

"The issuance of the permit does not relieve the property owner from obtaining homeowner's association approval (if required) prior to beginning any work and in no way authorizes work that is in violation of any association rule or regulation."

Signature of Owner or Owner's Agent Max Polycarpe
 PRINT NAME max polycarpe

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 11 day of April, 2016

Signature of Notary Public

Print Name Natasha Marksmen
 My Commission EE 842280

Personally known _____
 or Produced Identification _____

Signature of Qualifier Vinayakumar Balakrishnan
 PRINT NAME Vinayakumar Balakrishnan

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 11 day of April, 2016

Signature of Notary Public

Print Name Natasha Marksmen
 My Commission EE 842280

Personally known _____
 or Produced Identification _____

Permit Records Section
 Scanned By 04/12/16
 Date 04/12/16

Miami-Dade County Department of Regulatory and Economic Resources
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